

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13778

State File No.

FILED MAY 15 1953

BIRTH NO.

REG. DIST. NO. 106

PRIMARY REG. DIST. NO. 5420

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb Twp. 0350</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 mi. So. Holcomb, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. So. Holcomb, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Pleasant</u> c. (Last) <u>Smallman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 28, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1899</u>
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>4</u>	11. YEARS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. E. Smallman</u>		13b. MOTHER'S MAIDEN NAME <u>Eessie Bryant</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Lee Smallman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>George Smallman, Rt. 1 Nettleton, Ark.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension - arteriosclerosis 5 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>931X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>47</u> , to <u>April 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 4</u> , 19 <u>53</u> and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Chester R. Peck M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>May 4</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine Log Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Erockland, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Albright</u> ADDRESS <u>Farmers Union F. Home, Jonestown, Ark.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Chas. A. Bridges</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-14-53

COUNTY FILE NUMBER 553-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Low T. Emerson

Signed _____
Student Embalmer

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.